

The following is for reference only. Benefits are reimbursed on a Medically Necessary and Reasonable and Customary basis. For more information, please refer to the "Important Information" of this leaflet and the policy provisions.



Core Outpatient Benefit

Benefit Item	Co-payment	Maximum Limit
Medical Service Provider	Network Only ¹	
1. General Practitioner Consultation (includes 3 days of basic medications)	HK\$50	50 visits per Policy Year
2. Specialist Consultation ² (includes 5 days of basic medications)	HK\$100	10 visits per Policy Year
3. Chinese Medicine Practitioner Consultation (includes 2 packs of basic herbs)	HK\$50	10 visits per Policy Year
4. Physiotherapy ^{2,3}	HK\$150	12 visits per Policy Year

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.
2. Written referral from a registered doctor is required. All referral letters shall be valid for 6 months from the date of issuance.
3. Physiotherapy benefit is only applicable to Person Insured at age 6 or above.



Outpatient Surgery Benefit

Benefit Item	Maximum Limit	Waiting Period
Medical Service Provider	Network Only ¹	
1. Day-patient or Clinical Surgery	HK\$15,000 per disability HK\$100,000 per Policy Year	30 days

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.



Supplementary Outpatient Benefit

Benefit Item	Maximum Limit
Medical Service Provider	Network Only ¹
1. Acupuncture ²	Full cover
2. Chinese Bone-setting ²	
3. Chiropractor Consultation ^{2,3}	
Medical Service Provider	Network ¹ & Non-network
4. Occupational Therapy ^{2,3}	HK\$400 per visit
5. Dietetic Guidance ^{2,3}	
6. Speech Therapy ^{2,3}	

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.
2. Benefit Items 1-6 are subject to overall IO visits per Policy Year.
3. Written referral from a registered doctor is required. All referral letters shall be valid for 6 months from the date of issuance.



Dental Benefit

Benefit Item ^{1,2}	Plan 1	Plan 2
	Maximum No. of Visit(s)	
Medical Service Provider	Network Only ³	
Scaling and polishing	Once per Policy Year	Twice per Policy Year
Oral hygiene instruction and oral examination	Unlimited	
Intra-oral small film radiograph (if necessary)		
Amalgam filling due to decay (molars and premolars)		
Composite filling due to decay (canine and incisors only)		
Simple extraction (excluding wisdom teeth & surgical extraction)		
Drainage of Abscesses (without surgery)		
Emergency consultations & dressings for pain relief		
Medications (pain killers)		

Remarks:

1. All treatments will be provided and subjected to the attending dentist's judgement based on individual patient's condition.
2. Person Insured must be aged 8 to aged 60.
3. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.



Cancer Benefit

Benefit Item	Sum Insured			Waiting Period
	Plan 1	Plan 2	Plan 3	
Cancer Benefit ¹	HK\$500,000	HK\$750,000	HK\$1,000,000	90 days
Early Stage Malignancy and Carcinoma-in-situ (CIS) Benefit ²	HK\$150,000	HK\$225,000	HK\$300,000	180 days

Remarks:

1. Payable if the Person Insured survives for at least 30 days after first confirmed diagnosis of Cancer. The Cancer Benefit will be reduced by the Early Stage Malignancy and Carcinoma-in-situ Benefit paid or payable (if any).
2. For Early Stage Malignancy and Carcinoma-in-situ Benefit, the maximum amount of the same or similar benefit paid under all policies with the Company is HK\$400,000 per life.



Vision Benefit

Benefit Item ¹	
Medical Service Provider	Network Only ²
Comprehensive eye exam and a full written report or Refraction only	Once per Policy Year
Also enjoy either Option 1 or Option 2 per Policy Year:	
Option 1	
Single vision lens or progressive lens	Single vision: fully covered lens option (anti-reflective / EMI shielding included) or an allowance of up to HK\$640 toward any lens of your choice with 20% discount on amount exceeding allowance
	Progressive: fully covered lens option (anti-reflective & easy-to-clean coatings included) or an allowance of up to HK\$1,200 toward any lens of your choice with 20% discount on amount exceeding allowance
Frame allowance	An allowance up to HK\$1,100 with 20% discount on amount exceeding allowance
Option 2	
Contact lens (instead of glasses) allowance and contact lens exam	An allowance up to HK\$900 with 10% discount on amount exceeding allowance

Remarks:

1. Person Insured must be aged 4 to aged 60.
2. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.